

Registration Form for February Freeze

NAME: _____

Age: _____ Grade: _____

Email Address: _____

Health Card #: _____

Allergies: _____

Medications: _____

Health Concerns: _____

Emergency Contact Person: _____

Contact #: _____

The Cost is \$35.00 and Cheques can be made payable to:
Mount Traber Bible Camp
P.O. Box 36
Middle Musquodoboit, NS
B0N 1X0